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ABSTRACT

The narrative portion of Chapter I identifies the study population as "those disabled disadvantaged who reside in areas where there are limitations and a lack of accessibility to both medical and vocational diagnostic and treatment facilities, vocational training or school facilities, public and private social service agencies and personnel, and employment opportunities." Disability is defined as "a physical or mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning." As discussed in Chapter II, some of the major problems relevant to providing rehabilitation services to the rural disabled disadvantaged are administrative concerns such as limitations in staff, monies, and medical resources; agency shortages; lack of remedial services; paucity of on-the-job training opportunities; transportation and housing limitations; lack of educational and employment opportunities; and client and counselor attitudinal barriers. Chapter III discusses techniques in the delivery of services to the rural disabled; one such technique is utilization of existing agents and agencies within the rural setting: state agricultural extension services, state employment agencies, community action programs, Veterans' Administration, and public health departments. Among the selected projects and programs discussed are those attempting to overcome such barriers as transportation difficulties, lack of facilities and professional personnel, and isolation. References, selected readings, and an annotated bibliography are appended. (JB)

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Report from the Study Group on

VOCATIONAL REHABILITATION OF THE DISABLED DISADVANTAGED IN A RURAL SETTING

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The materials in this publication do not necessarily represent the official views of the Rehabilitation Services Administration nor of State vocational rehabilitation agencies. They do, however, reflect serious effort by able persons to keep practices in the State-Federal program of rehabilitation current with developments in the field.

FOREWORD

Our continuing concern to improve the effectiveness of the vocational rehabilitation program for the disabled in rural communities has led to a number of different studies and approaches in recent years.

This particular training guide identifies some of the current problems counselors face in their efforts to serve this population. It further highlights approaches which have been developed and effectively utilized in various localities.

Staff responsible for the development of programs and for the provision of services to the handicapped in rural America will find this study of significant value to them.

Edward Newman
Commissioner

CHARGE TO THE 1970 INSTITUTE ON REHABILITATION SERVICES

STUDY GROUP II

To identify some of the problems, possible solutions, and special considerations in the delivery of services to the rural disadvantaged disabled.

PREFACE

This report should be regarded as a guide for thought and action. While not presented as a panacea that will solve all of the problems encountered in the delivery of services to the rural disabled disadvantaged, it contains much worthwhile material which should be helpful on this subject.

Rehabilitation counselors have been serving the rural disabled disadvantaged for many years. It is news to no one, therefore, that some of the major problems related to delivery of rehabilitation services are the shortage of suitable placement opportunities; lack of diagnostic, evaluation and treatment resources; shortage or lack of proper transportation; and the lack of rehabilitation facilities.

The Study Group decided at its first meeting that perhaps the most effective approach to a study of Vocational Rehabilitation of the Disabled Disadvantaged in a Rural Setting would be to review the literature, discuss programs and services with qualified practitioners and consultants, identify some of the special projects involving rural rehabilitation programs--and then--put these findings together in a meaningful report.

This publication should aid the rehabilitation counselor and the State rehabilitation agencies in a variety of ways. In addition to identifying some completed and some ongoing projects in rural settings, this report contains an annotated bibliography. Characteristics of the populations and the communities are discussed and related to current problems and trends. The committee has questioned a number of practices, from the relocation of client and family to the selection and use of certain standardized psychological tests.

Recognizing the itinerant nature of a rural rehabilitation counselor's job, this report includes considerations of mobile services to rural areas and more effective utilization of indigenous aides. Linkage between State vocational rehabilitation agencies and other agencies is discussed. Perhaps the most discouraging aspects of the study were the small number of specifically designed projects for rural populations.

The Committee sincerely hopes that this publication will help rehabilitation counselors to improve their services to their rural clients, both through

provision of a better understanding of the rural population and their problems and through innovative ideas for improving services.

Acknowledgments are made to Mr. John D. Hutchinson, who served as the University Project Director, and to the committee members and consultants who are listed in the appendix. Acknowledgment is also made to the Department of Rehabilitation Counseling, School of Community Services, Virginia Commonwealth University for assistance in coordinating the work done by this study group under the Rehabilitation Services Administration grant.

Raymond H. Simmons
Chairman, Study Group II

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CHAPTER I

GENERAL CONSIDERATIONS AND CHARACTERISTICS OF THE POPULATION

Definition of the Population

One of the persistent issues which this study group faced throughout their deliberations and study was the attempt to define the concept of "rural" in terms which would be meaningful and useful to counselors no matter in what section or area of a State or territory they may be located and working. An examination of various definitions of the designation "rural" revealed most often the inclusion of a reference to population size as for instance with the Department of Agriculture, Farmer's Home Administration, which defines a rural area as "open country or a non-incorporated town, village or other place which has a population not over 5,500 according to the latest figures . . ." In addition to population size, the Manpower Administration, United States Department of Labor, employs the criterion of "substantial of persistent unemployment."

Although we would agree that population size and rate of unemployment may be factors in delineating a rural area, we think geographical isolation and inaccessibility to be far more important in determining the rural character of a population. Therefore, our concerns and recommendations in this study are focused on those disabled disadvantaged who reside in areas where there are limitations and a lack of accessibility to both medical and vocational diagnostic and treatment facilities, vocational training or school facilities, public and private social service agencies and personnel, and employment opportunities.

Throughout this publication it is important that in considering the provision of rehabilitation services to the rural disabled disadvantaged, we do not lose sight of the basic concept of disability as defined by the Vocational Rehabilitation Act and section 401.1 of the Vocational Rehabilitation Regulations; i.e., "Physical or mental disability means a physical or mental condition which materially limits, contributes

to limiting or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by a pattern of deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social environmental, or other factors."

As is well known to State vocational rehabilitation agencies, it is the establishment of the criteria that a physical or mental disability is present, a substantial handicap to employment exists, and vocational rehabilitation services may reasonably be expected to render the individual fit to engage in a gainful occupation that makes it possible for individuals to receive rehabilitation services through the State-Federal vocational rehabilitation program.

After examining the various definitions of the "disadvantaged" as set forth by the 1968 Vocational Educational Amendments, Cooperative Area Manpower Planning System, and the 1968 Vocational Rehabilitation Amendments, we have chosen the latter definition because of its broadness. This definition (Vocational Rehabilitation Regulations Section 402.1) states that, "Disadvantaged individual means any individual disadvantaged in his ability to secure or maintain appropriate employment by reason of physical or mental disability, youth, advanced age, low education attainment, ethnic or cultural factors, prison or delinquency records, or any other condition, especially in association with poverty, which constitutes a barrier to such employment."

We have borne in mind throughout this study the purpose and ultimate goal of rehabilitating disabled people to achieve gainful employment, a goal which has been consistently restated throughout the fifty-year history of the public vocational rehabilitation program.

Magnitude of the Problem

Since services to the rural disabled disadvantaged are not new to State vocational rehabilitation agencies, this section will reflect on past experiences as well as trends and ideas for the future.

Growing concern over the multi-factored problems of the disadvantaged

in our society has resulted in efforts to determine the impact of the many public and private programs inaugurated or expanded in recent years to help the disadvantaged obtain good jobs and a more satisfying existence. A 1963-1965 Public Health Survey of Disability (1969) found approximately 22.6 million persons with chronic activity-limiting conditions. Forty-three per cent of this group were living in smaller communities and on farms and 33 per cent were residing in southern states. Also, in 1966 a Social Security Survey of Disabled Adults (1968), based on a national survey of all non-institutionalized persons aged 18-64, revealed that more than one-sixth of the 105 million civilian population of working age were limited in their ability to work because of a chronic health condition or impairment.

Of the 18 million non-institutionalized adults limited in their ability to work, more than six million were severely disabled, about five million were occupationally disabled, and 6.6 million had secondary work limitations affecting the kind or amount of work they could perform. A review of the literature reveals a great many characteristics of the rural population. Knowledge of these is important if we are to develop ideas and guidelines for serving the rural disabled disadvantaged.

Since attachment to a familiar locale, family responsibilities, and personal difficulties of adapting to new situations tend to increase with age, the proportions of those who were job mobile and migrant were presumed to be inversely related to increasing age. The following table shows that in all regions the proportion of migrants declined consistently with advancing age. While the frequency of moves in excess of 500 miles were markedly lower for the older age group, it will also be noted that only about one-third of all movers were migrants and that less than one-third of the migrants moved over 500 miles. The incidence of long distance migration varied considerably by region, being most common in states west of the Mississippi where distances to employment centers are greater. Significantly, long distance migration was more frequent in the South than in the Northeast and North Central regions. Presumably the reason for this was the heavy concentration of Negroes in the South as shown by Table 1.

Howard C. Reid (1967) of the Mississippi Mental Health Clinic, in an article concerned with a psychiatric approach to rehabilitating the culturally disadvantaged in a rural setting, describes some general characteristics of

this population. He states, "It seems that these people who have this depression live together in the community and commit suicide on a community basis. They don't commit physical suicide--they just don't vote on their bond issues, participate in community affairs, etc. . . and their town dies. We feel that there is a pattern of introversion in the culturally disadvantaged. Both men and women show less than average drive as measured by our western state culture process."

TABLE I

Percentage of Off-Farm Movers(a) Who Migrated by Demographic Characteristics by Region and by Nation(b)

Region, Race and Age	Distance Migrated			
	Did not migrate	51-150 miles	151-500 miles	Over 500 miles
Northeast				
Race:				
Non-Negro	76.7	12.0	6.9	4.4
Negro	58.5	9.9	10.4	21.1
Age:				
Under 25	70.9	12.8	9.1	7.2
25-34	73.5	12.7	7.0	6.8
35-44	74.7	12.2	7.1	6.0
45 and over	82.6	9.0	4.5	3.9
Total	74.9	11.8	7.2	6.1
North Central				
Race:				
Non-Negro	76.1	10.8	7.2	6.0
Negro	56.3	11.9	13.5	18.3
Age:				
Under 25	70.1	13.4	9.4	7.3
25-34	71.3	12.1	8.4	8.3
35-44	75.3	9.6	8.1	7.0
45 and over	84.1	8.2	4.3	3.4
Total	75.7	10.8	7.3	6.2

TABLE I
(Continued)

Region, Race and Age	Distance Migrated			
	Did not migrate	51-150 miles	151-500 miles	Over 500 miles
South				
Race:				
Non-Negro	72.5	11.4	9.1	7.1
Negro	61.6	12.6	12.7	13.0
Age:				
Under 25	59.4	14.0	13.3	13.2
25-34	63.5	13.2	12.8	10.6
35-44	72.5	12.2	8.3	7.0
45 and over	79.0	3.8	7.0	5.3
Total	69.5	11.7	10.1	8.8
Plains				
Race:				
Non-Negro	58.4	14.1	16.1	10.9
Negro	51.2	18.2	21.3	9.3
Age:				
Under 25	49.8	15.6	21.3	13.4
25-34	51.6	15.3	19.5	13.7
35-44	63.2	13.8	13.8	9.3
45 and over	68.6	12.6	11.9	7.0
Total	58.0	14.3	16.8	10.8
West				
Race:				
Non-Negro	55.2	15.1	15.5	14.2
Negro	41.3	20.6	20.6	17.5
Age:				
Under 25	55.0	16.1	14.7	14.3
25-34	49.3	13.9	19.6	17.2
35-44	55.3	15.0	15.0	14.7
45 and over	54.8	15.7	13.8	11.3
Total	54.8	15.3	15.6	14.3

TABLE I
(Continued)

Region, Race and Age	Distance Migrated			
	Did not migrate	51-150 miles	151-500 miles	Over 500 miles
Nation				
Race:				
Non-Negro	67.4	12.7	11.3	8.7
Negro	58.7	13.2	13.8	14.3
Age:				
Under 25	60.8	14.4	13.7	11.1
25-34	61.3	13.5	13.8	11.5
35-44	68.3	12.4	10.5	8.8
45 and over	75.5	10.5	8.1	5.9
Total	66.5	12.7	11.5	9.2

(a)a change from some category of farm employment to exclusively non-farm employment in the years 1957-1963.

(b) Rural poverty in the United States, A Report by the President's National Advisory Commission of Rural Poverty, Chapter 13, Migration.

In addition to migration from the small towns and rural areas there are other factors of importance when the need is to provide vocational rehabilitation services to the disadvantaged in a rural setting. It has been obvious for many years that problems in transportation and the lack of rehabilitation facilities are negative factors when attempting to serve a rural population.

Amos and Grambs (1968) state that natural barriers such as mountains and deserts and lack of public transportation are as much of a disadvantage as the man-made conditions of the city ghettos and often geographic barriers cause entire areas to become shut off from opportunities open to most people in our country. They inform us that many youths are severely disadvantaged because of factors of physical environment that isolate them from opportunities for education and social experience in keeping with the requirements for modern life. Correctable defects may be ignored because of the lack of money or the lack of access to public facilities.

McPhee (1969) refers to statistics which indicate that rural people do not have easy access to appropriate health services. A member of his staff, over a two year period, visited 60 rural towns in Colorado. Of these, 27 had no doctor and 37 had no hospital.

Cowles (1967) tells us that, "Rural poverty can be characterized by isolation, physical hardship, lack of many of the benefits of even an old fashioned industrial society such as plumbing, heat, and adequate transportation, extremely poor schools and a general atmosphere of hopelessness. Rural poverty is tied to the long term decline of the family farm, industrialization of the farm economy, the replacement of farm labor by mechanization, and exhaustion of the natural fertility of the land."

Harry V. Barnard (1967) of the University of Kentucky states that rural problems result primarily from a lack of guidance personnel and the failure of the schools to offer change in keeping with the needs of the students. A study by the U. S. Office of Education entitled "Equality of Educational Opportunity" (1966) cites the fact that poor children start school with learning handicaps and continue to have them throughout their school years. By grade 12, they are three to six grade levels behind other children in such basic subjects as arithmetic and reading.

A review by the Interdepartmental Committee on Children and Youth (1968) reports that school dropout rates among youth between the ages 16 and 21 are 42 per cent for white boys; 61 per cent for non-white boys; 29 per cent for white girls; and 44 per cent for non-white girls. It is reported that in 1966 of the 142,000 school age Indian children attending school, 60 per cent were attending Bureau of Indian Affairs Schools and six per cent were attending mission and other private schools. These data suggest the very definite isolation of many Indian youth from social and educational mainstreem of American culture.

According to a U. S. Department of Agriculture (1967) study of five southwestern states the proportion of 16 and 17 year olds with Spanish surnames still in school was far below the national average for youths. In urban areas only 68 per cent of those students with Spanish surnames aged 16 and 17 remained in school compared to 82 per cent for non-Spanish students. The gap was especially marked for rural youth where only 63 per cent of the students with Spanish surnames remained in school as compared to 79 per cent of all other rural youth. This age gap tends to accentuate the disabling effects of disadvantaged minority group life. It is assumed that the employment handicaps resulting from these disabling effects might become problems of concern to the rehabilitation counselor.

Harrington (1962) informs us that, "study after study has indicated that rural young people lag behind their city counterparts when they compete together on the urban labor market." He agrees with many others as to the inferiority of rural education. Harrington adds that rural youth have less information and sophistication about jobs and that aspirations among rural males are lower than among urban youth.

Amos and Grambs (1968) identified the characteristics of the migrant rural disadvantaged as having minority group status, poor and intermittent educational opportunities, generally low aspirations of parents, need to supplement family income, and isolation from normal community life and resources. They also state that, "Today's victims of poverty live in a different world from yesterday's immigrant poor. They are non-believers, they are distrustful, they are victimized, and they know it."

McPhee (1969) states that unemployment and underemployment are major

problems in rural America. The rate of unemployment nationally is at about 4 per cent while the rate in rural areas is about 18 per cent. He cites a study of farm workers which indicated that underemployment runs as high as 37 per cent for the rural population.

A Social Security survey (1968) reported that in 1967, 26,100,000 (one out of every eight Americans) were living below the poverty level. This level ranged from $1,145 for a single member household on a farm to $5,430 for a household of seven or more persons in a city. This report stated further that non-white families below this poverty level were concentrated in the central cities. Poor white families, on the other hand, lived primarily in the rural areas but were also found in the central cities and in the suburbs. Further studies by the Council of Economic Advisers revealed that 51 per cent of the poor lived in metropolitan areas and 49 per cent of the poor (42 per cent non-farm and 7 per cent farm) lived in non-metropolitan areas. As most rehabilitation services are concentrated in urban areas, these data suggest that such services are not being made available equally to rural people. In planning services to meet the needs of rural people, State vocational rehabilitation agencies should not assume that the rural disadvantaged are farm people. The above data make this point quite clear.

The Office of Economic Opportunity states that there are more than two white for every non-white poor person. Yet poverty remains a dominant characteristic of non-white people, 41 per cent of whom are poor, in contrast to 12 per cent of the whites.

The Economic Research Service (1967) found that the median income of the rural non-farm families in 1964 was approximately 80 per cent of the average urban family and that of the farm families was about 50 per cent of the urban figure. It was also found that 33 per cent of all persons living on farms and 25 per cent of the rest of the rural population were living within the borders of poverty.

Table 2 shows the proportion of the farm population in self-employment and unpaid family work was almost five times larger than that in small towns and seven times that in metropolitan areas. About 60 per cent of all farm residents had non-agricultural jobs in 1968.

TABLE 2

Employed Persons by Type of Area and Class of Worker, 1968

Class of Worker	United States	Metro-politan Areas	Non-Metropolitan Areas	
			Small Towns	Farm
Total employed, 16 yrs and over (In thousands)	75,920	49,643	22,376	3,901
Per Cent	100.00	100.00	100.00	100.00
Wage and Salary Workers	89.3	92.8	88.9	47.1
Agriculture	1.7	0.6	2.7	8.9
Non-agricultural industries	87.6	92.2	86.2	38.2
Self-employed persons	9.3	6.6	9.9	40.8
Agriculture	2.6	0.5	1.3	37.1
Non-agricultural industries	6.7	6.1	8.6	3.8
Unpaid Family Workers	1.4	0.6	1.2	12.0
Agriculture	0.7	0.1	0.2	11.4
Non-Agricultural industries	0.6	0.5	1.0	0.5

The vocational rehabilitation counselor should constantly be aware of available agricultural jobs (farm and non-farm) and of the opportunity to develop new agricultural employment for handicapped people; however, the counselor should note the above data which indicate that 60 per cent of the farm population have non-agricultural jobs. Also, vocational rehabilitation must seek out and develop employment for the rural disabled disadvantaged in non-agricultural lines of work. The above data further suggest that the proportion of unpaid family workers and self-employment closures will be higher in rural areas because of a larger number of available opportunities for such work.

As seen in Table 3 below the greatest difference between unemployment rates for whites and non-whites was highest in small towns. Jobless rates on farms were less than one-half the rate in both small towns and metropolitan areas. This suggests that the vocational rehabilitation counselor serving a non-metropolitan area will find many disadvantaged, non-white people who are unemployed, many of whom would be eligible for vocational rehabilitation services.

TABLE 3

Unemployment Rates by Type of Area, Sex, Age, and Color, 1968

Sex, Age, and Color	United States	Metro-politan Areas	Non-Metropolitan Small Towns	Non-Metropolitan Farm
Both Sexes	3.6	3.6	3.9	1.6
16-19 years	12.7	13.5	12.5	5.0
20-24 years	5.8	5.8	6.2	4.2
25-64 years	2.3	2.2	2.6	1.0
65 years and over	2.8	3.3	2.7	0.6

(TABLE 3
(Continued)

Sex, Age, and Color	United States	Metro-politan Areas	Non-Metropolitan Small Towns	Farm
Male	2.9	2.9	3.2	1.0
16-19 years	11.6	12.8	11.4	3.0
20-24 years	5.1	5.3	5.0	3.0
25-64 years	1.7	1.7	2.1	0.6
65 years and over	2.9	3.5	2.9	0.3
Female	4.8	4.8	5.1	3.1
16-19 years	14.0	14.4	13.9	9.8
20-24 years	6.7	6.3	7.7	6.6
25-64 years	3.2	3.2	3.5	2.0
65 years and over	2.7	3.0	2.4	0.8
White	3.2	3.2	3.5	1.5
Male	2.6	2.6	2.9	0.9
Female	4.3	4.2	4.6	2.7
Non-White	6.7	6.6	7.6	3.6
Male	5.6	5.6	6.2	1.7
Female	8.3	7.9	9.4	8.1
Non-White unemployment ratios both sexes	2.1:1	2.1:1	2.2:1	2.4:1
Male	2.2:1	2.2:1	2.1:1	1.9:1
Female	1.9:1	1.9:1	2.0:1	3.0:1

The data presented in this chapter certainly verify the magnitude of the concentration of disadvantaged people in rural areas of the country. Other studies clearly indicate that there is an especially high percentage of disabled people among the disadvantaged. The outstanding implication for vocational rehabilitation is the great opportunity to serve a large segment of our population, the rural disabled disadvantaged, whose needs vocational rehabilitation has previously not sufficiently met.

CHAPTER II

MAJOR PROBLEMS AND CONSIDERATIONS

What are the critical problems and issues relevant to providing rehabilitation services to the rural disadvantaged? Can such problems be sorted out from those that are less important, distorted, or ill-defined? In order to answer these questions, problems are examined from three perspectives. These problems include the concerns of the administrator, the counselor, and the client. From such an analysis a more accurate picture of critical issues can be obtained.

Administrative Concerns

At least seven basic factors can be identified as being closely related to major administrative concerns regarding the delivery of services to rural populations. These factors are limitations in: rehabilitation staff and monies; resources for medical diagnosis and treatment; facilities for diagnostic and remedial services as well as centers for vocational training; situations feasible for on-the-job training; transportation; placement opportunities for employment; and staff perceptions and attitudes.

Agency Shortages: First, let us consider the shortage of VR personnel and case service money. Most rural counselors serve their areas on an itinerant basis. They arrange for prospective clients to meet them at a certain time at a specific place, such as every Wednesday at the County Department of Social Services. The number of personal contacts will vary with the counselor's energy and the size of his caseload and territory. Obvious problems are the lack of time with the client in which to do counseling plus the frequent lengthy delay between application for services and the actual provision of services.

Even though increased case service money could allow the counselor more latitude in the purchase of needed services for clients, it must be concluded that the solution is not that simple. As will be pointed out later, it is the absence of resources which provide such services that

often prevents the counselor from being able to help a client. This absence of resources raises the servious problems of not only how to serve more of the rural disadvantaged but also how to serve rural clients more effectively.

Medical Resources: The shortage of medical and facilities personnel is well known. In addition to determining client eligibility for services, the counselor must understand the nature of the client's disability as well as other limitations and strengths if successful rehabilitation is to take place. Unfortunately, there are many rural areas where there are no physicians. Even when general practitioners are available, one is still confronted with the lack of specialists who are generally the only ones capable of making an accurate determination of the client's physical capacities.

Diagnostic and Remedial Services: A paramount obstacle in many rural areas is the lack of facilities within which to diagnose, evaluate, and train VR clients. Extended vocational, educational, and psychological assessment may be necessary along with appropriate remedial services preparatory to more specific educational or vocational planning. Hence, it may be necessary to send the client great distances from home to get such an evaluation. Such procedures unfortunately, may create as many problems as they solve.

On-the-Job Training Opportunities: A rehabilitation technique for evaluation and training sometimes used is to place clients in on-the-job training programs within industry and business. Rural areas generally have a paucity of such training possibilities, and those available are often restricted to a few farming or agricultural pursuits. Furthermore, mechanization has reduced the demand for farm workers and continues to do so, making the potential value of training in this area less each year.

Transportation and Housing: Distance and lack of public transportation lead to another major hurdle. Clients living in isolated areas have trouble getting to a counselor even within their area. The idea of traveling several hundred miles or often even short distances is not only undesirable to the client but impractical and impossible for many

clients. The time spent traveling is expensive, reduces the client's availability for services, and frequently is too complicated for people accustomed to a simpler way of life. The alternative, i.e., housing the clients at a facility for services, also has drawbacks. Most facilities are not set up for live-in arrangements and finding satisfactory local housing takes money, time, and effort. At best such arrangements are often unsatisfactory. Furthermore, most rural clients either cannot or will not uproot themselves for an extended period that separates them from home and family.

Placement: Coupled with all of the foregoing and certainly a requisite to any rehabilitation endeavor is the problem of the availability of adequate educational and employment opportunities for clients. "Rehabilitation for what?" is a most legitimate question. In an era when rural-to-urban migration compounds the cities' dilemma we must find ways to take advantage of opportunities for rural people in their own communities. Unfortunately, the counselor may find that as he screens each prospective client he is really asking himself: "Is this client willing to go where the jobs are so that I can get a successful rehabilitation out of this case?"

Attitudinal Barriers: In spite of the tangible problems enumerated, it should be recognized that much can be done to overcome these barriers with existing resources. In order to do so, attitudinal barriers on behalf of both client and counselor must be overcome. We must be realistic and recognize that barriers are not apt to be solved by simply building a new facility and providing all the necessary services. The economic feasibility of such facilities will be dictated, in part, by the number of recipients to be served within the target area. Because of the relatively fewer numbers of individuals in a given rural geographic area, the "ideal" may not be possible.

A number of changes in attitudes could affect delivery of services. For example, the counselor who perceives his job as being one from only nine to five will miss many people by virtue of their unavailability during these hours. The counselor needs to "reach out" more because of a lack of sophistication and an inherent suspicious nature of many rural clients. It is erroneous for a counselor to assume that failure to respond to a letter or a telephone call is "positive proof" of a lack of client motivation. What if he cannot understand the

counselor's vernacular? A requirement that a counselor must wait for the medical, psychological, etc. report(s) before initiating services invites a loss of interest on behalf of the client.

The counselor should not equate a client's lack of sophistication or suspicious nature with low intelligence or lack of ability. The counselor must avoid a condescending attitude that can only further alienate the client. At the same time, in a rural situation counselors may not be able to rely on client know-how or initiative. National statistics show that less than ten per cent of all rehabilitation clients are found jobs by their counselors. Job development and placement functions need to be strengthened for rural clients.

In addition, the counselor is often faced with a passive or uninformed community. He needs to take a positive stand towards other agencies and maintain a continuous program of informing them about rehabilitation services. He also needs to learn how to work cooperatively with the personnel of the agencies so mutual clients are not confronted with conflicting goals and instructions.

Problems and Important Considerations as Perceived by the Counselor

It can be expected that differences in the perception of the problems will occur among counselors administrators, and clients themselves. The recognition and consideration of such agreement and disagreement of perceptions can provide a basis for developing a more meaningful and comprehensive understanding of the problems. The information in this section was obtained from a questionnaire (See Appendix B) sent to eleven State vocational rehabilitation agencies, three agencies for the blind and eight general agencies. At least one state from each of the proposed 10 HEW Regions was selected. A total of 105 questionnaires was returned. Each respondent was provided 19 statements that could be considered to be important problems or issues related to the provision of services to rural disabled disadvantaged clients. Counselors were asked to state whether they agreed or disagreed with the relevance of each problem mentioned. In another part of the survey the respondents were asked to rank the importance of eight additional barriers to the delivery of effective services to rural clients. Finally, they were asked to specify other barriers which they felt were significant.

Survey Results: The degree of agreement or disagreement concerning the 19 variables related to counseling services with the rural disadvantaged are summarized in Table 4. There was general consensus that the following were critical issues: the need to work with the family, the need to be an "advocate", the difficulty in finding adequate on-the-job training positions, and the necessity for a large proportion of the clients to relocate if employment is to be found. It is noted that two of these items are congruent with problems mentioned from an administrative perspective, i.e., the unavailability of on-the-job training spots and employment opportunities. A finding of special importance here is the counselors' consensus concerning the need to work with the client's family. This implies counseling with the client alone may not be sufficient.

TABLE 4

Counselor Ratings of Problems in Provision of Services
(n=105)

Results indicate: Variable	Percent of 105 respondents indicating variable is an issue: No	Neutral	Yes
Problems that are widespread			
1. Need to work with family	6	9	85
2. Need to be an "advocate"	9	14	77
3. Finding adequate OJT spots	21	10	68
4. Necessity for half of clients to relocate for employment	24	10	66
Problems that vary according to situation			
5. Clients unaware of Vocational Rehabilitation	36	8	66
6. Different cultural values of disadvantaged	38	12	50
7. Finding jobs for motivated, marginal clients	35	17	48
8. Finding training spots	48	6	46
9. Getting special treatment, e.g., medical	52	7	41
10. Finding adequate educational resources	54	12	34
Problems not generally prevalent			
11. Getting special diagnostic services	65	5	30
12. Having limited personal client contact	59	14	27
13. Establishing a counseling relationship	55	19	26
14. Finding jobs for highly qualified clients	68	7	25
15. Getting routine medical treatment	77	12	21
16. Getting routine medical exams promptly	78	6	16
17. Follow-up "no shows"	75	11	14
18. Getting other agencies to make appropriate referrals	76	12	12
19. Finding suitable place to see client	90	3	7

Considerable disagreement among counselors was found on six items. These, undoubtedly, reflect special and unique considerations among the various states polled as well as the special districts or agencies in which a counselor worked. Reference is made to Table 4 for these items. For example, finding jobs for "motivated, but marginally qualified clients" was perceived as a problem by half of the respondents but was not seen as a major problem for a third of the respondents.

There was a third large group of items which could best be considered "localized" problems. Relatively few counselors saw having limited contact with clients as a major problem (27 per cent), getting medical exams promptly was seldom seen as a problem (16 per cent), and finding a suitable place to see and meet with a client was rarely a problem (7 per cent). Examination of Table 4 will provide further details. These findings are encouraging in that it appears that counselors may be taking a "coping" attitude. Some marked differences among these items can be seen between the broader administrative concern and the counselors'. Such differences may reflect the counselors' own individuality in exploiting given resources and "living" with problems.

Eight specific problems were presented to the counselors and they were asked to rank them from the most to the least important. Counselors identified the major sources of problems as originating from the client; e.g., his motivation, his educational-vocational deficiencies, and his health problems. Lack of adequate economic opportunities was also seen as important. In contrast to other problems, few counselors gave much priority to problems of unavailability of rehabilitation facilities, inadequate transportation, or client's lack of money. Furthermore, essentially none of the counselors reported that "lack of counseling know-how" was as critical as the aforementioned factors. These results are summarized in Table 5. Client motivation and lack of economic opportunities were clearly identified as the most important barriers of the eight listed. Few counselors (3 per cent) openly admitted that their own "skills" were inadequate.

TABLE 5

Counselor Ranking of Selected Problems
(n-74)

Rank order	Problem	Number ranking the problem 1st or 2nd
1	The nature of client's motivation	44
2	Inadequate economic opportunities	31
3	Client's education-vocational deficiencies	21
4	Client's health-related problems including mental retardation	20
5	Unavailability of needed medical, psychological, educational, and vocational facilities	14
6	Inadequate public transportation	11
7	Client's lack of financial resources	5
8	Lack of counseling "know-how" to work effectively with this particular group	3

The highest priority assigned to "client motivation" and the lowest priority to "counselor know-how" suggest, from an administrative and teaching point of view, the need for further in-service training. In other words, counseling skills should be developed to include ways of understanding and utilizing available client motivation and community opportunities. Improved "know-how" may result in the development of better services as much as the development of more rehabilitation facilities. The latter should make the counselor's job easier; it is unlikely that such resources would significantly change "outcomes" unless counselors' "know-how" is also improved.

In addition to the rankings of responses, some counselors added other problems that they considered important. These included:

> Too many "do-gooders" and crash programs.
>
> Lack of committment by State and Federal agencies with respect to providing personnel, funds, and training.
>
> General cultural style of the disadvantaged: family togetherness, reluctance to relocate; acceptance of poverty as a way of life; distrust of outsiders; and communication barriers.
>
> Ignorance of, apathy about, and resistance to problems of the disadvantaged by the general public and employers.
>
> Poor quality of available resources such as marginal jobs and seasonal employment and inadequate medical service.
>
> General physical consideration including geographic isolation of clients, inadequate housing, and limited means of transportation.

In a subsequent study conducted by the University of Missouri Regional Rehabilitation Research Institute, it was found that counselor perceptions of problems varied according to the availability of rehabilitation support services. In this study, 73 respondents for whom there was complete data were classified according to whether support services (diagnostic, medical, and training services) were widely available, moderately

available, or unavailable.

It was found that client-related characteristics (e.g., client motivation, vocational deficiencies, and health) were seen as major problems by counselors with many support services available to them. Counselors with limited services perceived the lack of economic and rehabilitation resources as of most concern. All counselors, regardless of the extent of available rehabilitation support services, ranked the problems of public transportation, client financial resources, and counselor "know-how" as relatively less important.

Another finding was that counselors with limited rehabilitation support services placed more importance upon the need to work with the family (91 per cent) and to be an advocate (91 per cent) than did counselors with moderate services available (89 per cent; 66 per cent) and counselors with many services available (74 per cent; 74 per cent). Evidently, the role of the counselor varies according to the availability of rehabilitation support services. Counselors with limited support services may find it more necessary to work directly with the disadvantaged client and his family, and intervene for him in the community. On the other hand, the counselor with many support services available seems more likely to coordinate and delegate responsibilities to these services.

Inspection of the written responses suggested that counselors having moderate availability of support services might be doing the most effective work. At least moderate availability of resources seems necessary. In addition, there is a corresponding necessity for the counselor to serve an advocate role. This requires more time for each client on the part of the counselor. If counselors are to work more closely with rural disadvantaged clients, particularly with limited rehabilitation resources, then a reduced caseload size must be provided to counselors for more effective delivery of services.

On the basis of these findings it should be emphasized that an abundance of rehabilitation support services is not necessarily the answer to more effective services for the rural disabled disadvantaged. Indeed, the fact that there generally will be few resources in rural areas for a long time to come would recommend greater and more effective utilization by counselors of existing employer facilities for evaluation and training.

Attitudinal Considerations: In working with the disadvantaged the development of a special counseling approach is clearly indicated. In such an approach the counselor must be willing to and capable of dealing with the identified problems related to clients' preoccupations with environmental concerns. The counselor must have a readiness in dealing with the client's family and significant other individuals in his environment. Counselors will need to learn how to uncover community resources, to work with family members, to deal with nitty-gritty problems of transportation, housing, etc. Concepts such as self-actualization, client self-direction, et cetera should not be ignored but emphasis, early in the rehabilitation process, must be upon meeting current emergencies. With this approach self-direction and other long range goals may eventually become a meaningful reality to the client.

Concerns from the Clients' Point of View

Perhaps one of the most obvious concerns of the disadvantaged was expressed extremely well by Aaron Reid, Sr., community action worker in Cordel, Georgia, who remarked that "Welfare is okay if you can't do no better." Reflection on the implication of this statement is illuminating. Basic security and coping with immediate concerns and problems are paramount values for the disadvantaged. Planning ahead is often a futile exercise and holds little personal value. For example, the possibility of discontinuance of a basic income supplement through Social Security pensions or welfare is apt to be viewed negatively in light of previous limited job success and long periods of unemployment frustration. Such clients have little assurance that "rehab" will make them "better off" than they are now.

An important problem affecting the counseling relationship is that the client may feel the counselor really does not understand him or his needs. Furthermore, the counselor may try to convey the attitude that he "understands", but from the client's viewpoint the counselor really does not and cannot understand. For example, the client will agree with the counselor that personal motivation is necessary for people to get ahead in the world; however, the client is apt to disagree seriously with the counselor if he questions the client's motivation. The need for immediate assistance, medical

care, transportation, money, and so on are seen as the most important first steps. Many people needing the services of vocational rehabilitation feel they previously have been given unfulfilled promises by professional personnel in the various fields of social service. There are psychological (and often physical) needs requiring immediate reward or service. Long-term planning and vague expectations and promises fail to motivate most disabled disadvantaged people.

Furthermore, the client has a general pessimism which is hard for the counselor to understand. The client has seen few of his people "make it." Those who have escaped from poverty seldom remain in his social group and, hence, are not present to serve as models with whom the client might identify. Thus, the things which the client considers to be important are not apt to be congruent with what the counselor considers to be of significance.

In light of the above considerations, it can be understood why a client may drop a training program which could eventually lead to a $2 or $3 an hour job for an immediate opportunity to accept a job paying $1.50 per hour. Such behavior is understandable even though it appears to the counselor to be a dead-end and self-defeating action.

The client desperately needs to be considered important and may really want to feel that he is being accepted by the agency. Yet, many clients may have had previous experience with public agencies when they felt that their own personal integrity was questioned and their experience with the agency was a personally degrading one. Thus, they are apt to view the agency with suspicion and it must be proven that the agency is "not guilty." Demonstrating and conveying "instant acceptance" of the client as a worthwhile individual by the counselor is a first major step towards establishing a working relationship.

Conclusions

Some of the more important implications and conclusions regarding problems of the delivery of services to the rural disadvantaged are:

1. From administrative, counseling, and client perspectives, the practicality of vocational rehabilitation efforts

leading to acceptance of a client and worthwhile jobs are due much serious consideration. This involves not only jobs, but the possible necessity of moving to where the jobs are, finding increased job training opportunities, family complication, etc.

2. Attitudinal differences occur among counselors, administrators, and clients. There is need to understand such differences so that appropriate and coordinated strategies that aggressively meet the special needs of the disadvantaged can be developed.

3. Counselors in general may not be well prepared for working with the rural disadvantaged. Further training is needed to develop counselor competencies in appropriate strategies and techniques.

4. Administrators should be aware of the finding that the counselors surveyed generally do not feel that rehabilitation facilities are a major solution. Further study is needed to identify the special contribution that such resources can provide as well as how to utilize them more effectively.

5 In order for more aggressive services to have an impact and meaning to the disadvantaged, it appears that increased flexibility in meeting immediate and current needs is mandatory. Giving the counselor the flexibility to meet such needs does not necessarily mean that large amounts of money will be expended. Also, caution should be exercised not to develop an artificial situation of dependency and life style for the client that cannot be expected after his rehabilitation. However, resources to meet immediate needs of transportation, clothing, uniforms, food, etc. have to be developed to start the rehabilitation process and to provide immediate reward. This can be done in a positive matter-of-fact way which does not degrade the client or make him dependent upon the agency.

CHAPTER III

TECHNIQUES IN THE DELIVERY OF SERVICES TO THE RURAL DISABLED DISADVANTAGED

For too long, the rural disabled disadvantaged have been denied many of the rehabilitation services traditionally available to their urban counterparts. There have been many reasons and some justification for such denial of services to this disability group. Lack of counselor time spent with a client due to travel distance involved and a lack of training facilities are just two examples of why this disability group has not been served adequately. The time is overdue for State agencies to begin innovating techniques that will be effective in the delivery of services to the rural disabled disadvantaged.

State agencies must develop a philosophy and provide the framework and appropriate supervision for professional counselors to perform their duties in serving the disabled disadvantaged in rural areas if much good is to be accomplished in the delivery of rehabilitation services to this group. The hierarchical structure must be such that the counselor can work with his clients in a way which will not place agency interest above the professional's own judgment. Appropriate freedom must be given to the experienced rural counselor to permit him to develop and refine innovative approaches in working with rural people and their problems. The following techniques are presented for consideration by the counselor assigned to work with this disability group. They are not meant to replace proven vocational rehabilitation counseling and service techniques but rather to supplement all other useful techniques. It should be further noted that the techniques cited below are not necessarily new because many have been used effectively in some rural areas for many years.

Client Contact

Realizing that many referrals received by vocational rehabilitation are individuals with limited formal education, sophistication, and/or

intellect, it behooves the counselor to use common terminology. This is a vocabulary commensurate with the ability of the individual to comprehend. If first contact is in letter form, it would be better to use, "I will see you at your place next Monday so we can talk," rather than, "I will anticipate conferring with you at your residence to explore the appropriateness of vocational rehabilitation services on your behalf on 3-9-70." All information should be related in easy-to-understand terms. When appropriate terminology is used in an effective way, the client is more apt to understand and less likely to view the counselor as an overly educated, detached, authoritative figure. Vocational rehabilitation counselors have their own jargon and it does have a place; however, such jargon is not appropriate in talking with the rural disabled disadvantaged client.

Often the counselor must be sensitive to the applicant's or client's feelings regarding the use of titles and names. Respect is always absolutely necessary; however, inappropriate formality and patronage can cause very negative response. A good flexible acquaintance with, and knowledge of, the ways of the community and its citizens may subtly direct the counselor in choosing the most workable use of verbal communication, of dress, and of manner. The counselor's observation of the conduct and dress of other professional social service personnel in the community and the counselor's observation of the reaction of the disadvantaged rural to the other professional person may also suggest what is most appropriate. We well know that many needy prospective clients have been scared off by overdressed, briefcase carrying sophisticates and by over-patronizing people in professional positions.

On-the Job Evaluation

This approach is to provide evaluation of a particular client in a particular job setting with a private employer. Work evaluation would usually be done by rehabilitation facilities; however, in many rural areas such facilities are not available and a realistic work evaluation can be obtained on-the-job. Most employers are quite receptive to this approach and usually are willing to cooperate as they are not obligated to employ the client. Examples of on-the-job placement for evaluation purposes are schools, nursing homes, service

stations, grocery stores, welding shops, auto mechanics shops, auto body and fender shops, sheet metal and air conditioning shops, drug stores, hospitals, doctors' offices, etc. Many employers will be willing to take clients on a two weeks' trial basis to evaluate their vocational potential for the rehabilitation counselor without expecting any financial remuneration for their services. Many employers will hire clients after they have been evaluated for several weeks if they prove to be successful. In any event, the counselor has much to gain by using rural employers in effectively assisting him in the vocational evaluation of his clients.

Counselor Kits

Many of the rural disabled disadvantaged clients have little understanding of the terms rehabilitation facilities, day-care center, work evaluation, work shops, etc. It would be helpful to develop counselor kits or packets consisting of both photographs and film strips for the counselor to use in the home of the prospective client in a manner similar to the way the insurance salesman uses his materials in selling an insurance policy to a family. Photographs and brochures of a rehabilitation facility could be used advantageously by a counselor in interpreting the facility program to the prospective client and his family in the home. Many times, the counselor could have a photograph of a former client, a person the prospective client knows. The client could see that his neighbor had benefited from rehabilitation services at such a facility. Many clients are reluctant to leave home and travel forty or fifty miles to participate in a facility program. Portable film strip projectors could be used in showing the prospective client and his family some of the programs that rehabilitation uses in rehabilitating a handicapped individual. Portable projectors could be carried in the trunk of the counselor's automobile and used in a home without too much difficulty. This procedure would enable the counselor to interpret rehabilitation services and programs and to reduce the fear and anxiety level of the client. It is believed that through an effort such as this, many rural disabled individuals would become motivated to the extent that they would be willing to explore a program of vocational rehabilitation.

Utilization of Existing Agents and Agencies Within the Rural Setting

It is to be noted that vocational rehabilitation is not the only agency concerned with the war on poverty or with the welfare and the employment of the rural disabled disadvantaged. Doctor E. J. Niederfrank, Rural Sociologist with the Federal Agricultural Extension Service, developed a paper entitled "The Challenge" in which he listed major professional resources to call upon for help in the rural area. Among those that Doctor Niederfrank and others have listed are:

State Agricultural Extension Services: The services available through the extension services are designed for serving the rural families and communities including work in agriculture, home demonstration activities, 4-H Club and community improvement.

State Employment Agencies: Vocational testing, counseling, and placement assistance to individuals within a given area are provided by State employment agencies. The rehabilitation counselor should be well acquainted with his local employment office because much help can be secured through this agency in helping to place handicapped people on jobs even in rural areas.

Vocational Agriculture and Home Economics Departments of Rural High Schools: The instructors in such departments can be helpful in providing training for youth as well as adults in vocational programs of an agricultural and domestic nature. Vocational agriculture teachers are very helpful in evaluating prospective farm programs for disabled handicapped people. The home economics teacher can assist the disabled homemaker in homemaking training needs.

Farmers Home Administration: The vocational rehabilitation counselor may find that the FHA is a very valuable source whereby programs can be financed on a loan basis for farm families who can qualify for credit. Rural housing, community water systems, and different types of farm programs can be financed through the Farmers Home Administration. The Farmers Home Administration supervisor will be most willing and

cooperative in assisting the rehabilitation counselor in serving the disabled disadvantaged rural individual.

Community Action Programs: Families with low incomes can be assisted in many communities by the Community Action Program connected with the Office of Economic Opportunity. New projects might be developed in cooperation with the Community Action Program to give handicapped persons employment opportunities.

Other Agricultural Agencies: In addition to the Extension Service, such agricultural agencies as the Soil Conservation Service, the State Forestry Service, and Farm Credit Administration are available in most rural areas and are good resources for counselors to consider in serving the rural disadvantaged handicapped individuals.

Veterans Administration: Services are available through the Veterans Administration which are beneficial to clients and their families. Many states have laws whereby dependents of blind veterans can receive financial assistance for college and trade training.

Local Social Service Departments (Public Welfare): Vocational rehabilitation and public welfare personnel have worked closely together for many years in most localities. Either agency complements the other in trying to meet the needs of disabled, disadvantaged people. These people could hardly be adequately served without effective team work between social services and vocational rehabilitation. Frequent contact and reporting back on the part of both agencies is imperative.

Public Health Departments: Local public health departments can help the vocational rehabilitation counselor identify and serve the handicapped. Certainly, the community expects very effective coordination of services between the two agencies in serving the handicapped people of a locality. Like the social service departments, public health personnel often know

the home situations of applicants and clients and can arrange contacts with handicapped people who need service. Also, like social service, public health can often make counseling space available to vocational rehabilitation.

It behooves the counselor, therefore, to take time to learn each agency's function and to solicit its cooperation. The counselor must make subsequent visits with these agencies serving the rural population if he expects to get full cooperation and assistance from these people. Many times, counselors will make an initial contact with an agency and engage in no follow-up activity; therefore, the agency does not know how it can contribute to the program that counselors are interested in providing disabled individuals.

Civic clubs such as the Ruritan Club, the Frontier Club, and the Lions Club are often interested in the advancement of the rural disabled disadvantaged. The counselor would do well to familiarize himself with such civic organizations. The Farm Bureau and other farm organizations are valuable groups to be acquainted with and often the counselor can secure assistance from such organizations.

Volunteer health organizations can be of great assistance to the client and the counselor. Local chapters of the National Association for Mental Health and of the National Association for Retarded Children are but two of the organizations concerned with the needs of particular disability groups.

There are many and varied programs supported in part by Federal funds that are designed to meet the needs of disadvantaged people. Some of these are established to alleviate the disadvantages peculiar to rural people, older people, and other particular groups of citizens. The vocational rehabilitation counselor should support and encourage the development of such programs that serve handicapped people. These programs may be short-term or may develop into lasting programs of considerable impact and practicality. Vocational rehabilitation personnel should be aware of the opportunities afforded their clients by such programs when they are within geographical reach of the client. An example of a current program of this sort funded through the Manpower Administration of the Department of Labor is named

"Operation Mainstream." Operation Mainstream is described in The Catalog of Federal Domestic Assistance, Office of Economic Opportunity as follows:

> Nature and Purpose of Program: The purpose of this program is to establish work-training and employment projects, augmented by necessary supportive services, for chronically unemployed poor adults. It enables such persons to contribute to the betterment and beautification of communities or areas served by the project. Job opportunities may involve the management, development and conservation of parks, highways, and recreational areas of Federal, State, and local governments; the improvement and rehabilitation of other community fecilities; and the provision of social, health, and educational services to the poor. In this manner, Operation Mainstream is designed to provide meaningful work experience and training leading to opportunities for permanent employment.
>
> The program provides Federal funds and technical assistance to projects initiated, developed and sponsored by local groups. The Federal government will generally defray no more than 90 percent of the cost of these projects. Non-Federal contributions may be in cash or in kind, including but not limited to plant, equipment, or services.
>
> Who Can Apply and How to Apply: Adults 22 years of age or older who are chronically unemployed and have an annual family income below the poverty line. Priority is also given to the enrollment of older people. State and local government agencies and private nonprofit organizations may sponsor projects under this program. Emphasis is placed on establishing projects in rural areas or towns.

Use of Supportive Personnel

Indigenous Workers: Accumulating evidence from poverty programs strongly suggest that the most effective communicators with the disabled disadvantaged client are persons of their culture and locale. An excellent example of this is that in Cordele, Georgia, a black man who is indigenous to his community has placed over 100 people on jobs during the years of 1968 and 1969. The indigenous worker who is carefully selected to work with his people can do much more in the way of communicating to these citizens in bringing about the necessary changes that are indicated in order for the client to be employed than can a professional worker in many cases.

There is an interesting plan for the use of indigenous workers by the Tennessee State Agency. It has been recommended that there be a permanent office in the county seat town of each sizable county. That office would be manned by an indigenous person such as a mature woman with at least a high school education, some typing ability, a good working knowledge of the community and its people and having the respect of and ability to relate effectively with all segments of the county's population. The office would be open five days a week. This paraprofessional worker would complete all preliminary forms and investigations, secure a medical report, and attempt to identify the needs of the referral. The rehabilitation counselor would visit this office, usually once a week, go over the cases, talk with the client when indicated and work from there. In simple cases such as some hernia repairs, it is anticipated that it will not be necessary for the rehabilitation counselor to even talk with the client, but rather the paraprofessional person will do all of the work of arranging for the client to have the hernia repair and helping the client get back to his job of cutting timber. Supervision of the indigenous worker and the local office would be performed by the rehabilitation counselor. In more densely populated areas there might be a number of such offices manned by the paraprofessional located in the communities to be served. In some instances there might be more than one paraprofessional person per office.

Volunteer Workers: Volunteer workers are interested in helping to serve the less fortunate in the community. Counselors might utilize

volunteer workers in the provision of transportation to clinics and to schools and other places of interest if they are asked to do so.

Use of Rehabilitated Clients to Assist with Prospective Handicapped Individuals: The counselor could very well use some successfully rehabilitated clients with whom he has worked in the community to assist him in interpreting the rehabilitation program to other prospective clients. It is believed that more rehabilitated clients could be used in promoting the vocational rehabilitation program in the community.

Counselor Aides: Counselor aides can be used advantageously and in a different way from indigenous workers. The aide may or may not be an indigenous person. Counselor aides serve as rehabilitation technicians assisting the rehabilitation counselor in routine paper work and sometimes in routine interviewing, freeing the counselor for the more professional activity. The indigenous worker, paid or volunteer, can function effectively as a liaison person between the vocational rehabilitation counselor and the community although he may not have the educational or clerical ability of the counselor aide.

Use of Key Community Persons: Evidence substantiates the value to the rehabilitation counselor of soliciting the cooperation and assistance of key community leaders. These individuals often can be of great assistance in securing employment and/or on-the-job training for the client. Their positions in the community grant them respect and trust where the rehabilitation counselor is often an outsider.

Special Programs

Mobile Units: Two types of mobile units may be used successfully by State vocational rehabilitation agencies in serving the rural disabled disadvantaged.

A mobile unit that is medically oriented consisting of a physician, nurse, social worker, and rehabilitation counselor might be developed so that it could move from place to place, adequately equipped to provide medical evaluation and some limited medical treatment to the rural disadvantaged.

A mobile unit can be equipped to provide vocational evaluation and adjustment training to the rural disabled disadvantaged. The State of Georgia has employed a system in which the personnel of the mobile unit are a vocational evaluator-instructor and a vocational rehabilitation counselor. This unit moves from place to place in the rural areas and proves to be very valuable to the rehabilitation counselors working the rural areas.

The 1968 Amendments to the Vocational Education Act require that 15 per cent of its monies be spent on the disadvantaged and at least ten per cent on the handicapped. This source of revenue might be used in the development of mobile units. These units, in reality, amount to a small rehabilitation facility on wheels.

The Three Unit System: The Iowa State Agency has developed an interesting program applicable to some rural areas of considerable population. The responsibilities of the counselors are broken down into three areas:

I. Case finding and Intake

II. Counseling Service (usual DVR services)

III. Placement

Counselors work in teams with each counselor specializing in and providing services of I, II, or III.

Involvement and Commitment of Family Members to the Vocational Rehabilitation Plan

The rural disabled disadvantaged client's vocational plan can be enhanced if the counselor will take the time and effort to solicit the acceptance, understanding, assistance, and support of the client's family. To ignore the family is to solicit failure of any vocational rehabilitation plan. The involvement of case aides and indigenous workers can provide greater opportunity for contact with the family. Coordinated activity with social service and public health workers who are also involved with the

client and his family can greatly facilitate such an approach. Quite often there is a high degree of dependency of the client upon his family. The acceptance of goals and plans by the client may be of no lasting value if the family is not in agreement with and is not supportive of such aspirations and activity.

CHAPTER IV

SELECTED PROJECTS, PROGRAMS, AND STUDIES

Many State vocational rehabilitation agencies, recognizing the problems in delivering services to rural clients, have developed innovative projects and programs in attempts to overcome such barriers as transportation difficulties, lack of facilities and professional personnel, and isolation. Although many of these projects have not as yet been adequately evaluated, some of them are herewith summarized in the hopes that they might stimulate additional innovative ideas or adaptations by other rehabilitation personnel. The projects referred to are not intended to represent all the special rural rehabilitation activities now being conducted. It is obvious that new and imaginative programs are still needed, and that new cooperative working relationships, both inter-disciplinary and inter-agency, will be necessary if more effective services to the rural populations are to be realized.

Employment of Indigenous Aides

Manpower needs in the social services never have been adequately met. This is especially true in the rural areas, where there always has been a severe lack of professional manpower. This has stimulated many agencies toward the use of non-professional indigenous aides. Some studies have shown that the non-professional worker, indigenous to the population served, can serve as a bridge between the agency and the community and be less threatening to the new client. The use of such support personnel, especially in the rural setting, can provide for a continuity of services not possible with an itinerant, part-time counselor assignment approach. It is thus possible to make the itinerant counselor's itinerary much more productive, increase the positiveness in relationships, and extend the influence of the counselor. The Wyoming State agency has employed resident housewives on a part-time basis in several communities throughout the state and found that by the time the counselor's itinerary brought him to that community, much work had been completed and definitive planning could take place immediately. Two projects in Michigan reported the use of indigenous aides. One of these projects included employment of a

Spanish-speaking counselor aide so as to more effectively reach the large number of Mexican-Americans who have dropped out of the migrant worker stream. A project on a small Indian reservation included the employment of an Indian case aide to provide outreach to this neglected population. Within two months, this aide had made startling progress in establishing liaison between the reservation residents and various public agencies operating in the area, including the DVR office.

Utilization of Mobile Units

The concept of the bookmobiles utilized by libraries, the artmobiles by museums, and the T. B. Association's mobile x-ray units, is being adopted by rehabilitation use. It is the concept of overcoming a wide variety of individual transportation problems, lack of facilities and personnel, and isolation by bringing services to the communities--"on wheels".

In Maryland, an Office of Economic Opportunity demonstration project (The Human Resource Development Center-HRDC) is utilizing mobile vans for multi-purpose uses and outreach services. In Alabama, a medically oriented mobile unit has proven effective. This unit, staffed with a physician, nurse, social worker, and rehabilitation counselor, moves from community to community providing medical evaluation, some limited medical treatment, as well as social and vocational services.

The Georgia Rehabilitation Agency has developed a mobile laboratory, especially modified for use as a vocational evaluation unit. It serves an area to a distance of approximately 50 miles from Albany and its purpose is to determine as expeditiously as possible the potential for work that rehabilitation clients possess. This laboratory serves as an arm of large stationary facilities (i.e. schools), and as such would overcome problems that would be faced by mobile laboratories operated as independent units. The unit is designed to stay on a school campus for one school quarter (nine weeks) before moving to another location. It will accommodate six clients in evaluation or adjustment training at one time, or 50-60 clients per year.

Manpower and Resource Sharing

Another method for more effective manpower utilization and for more effective utilization of resources has been observed in rehabilitation through cooperative agreements of various kinds. One example of such cooperation may be seen in a proposal in an Ohio Developmental Plan for the Appalachian area of Southeastern Ohio. This proposal is designed to establish a Federation of Sheltered Workshops which would facilitate development of vocational rehabilitation services for the handicapped children and adults in the area. It will provide for a sharing of professional manpower, and also increase the potential for getting contract work. The major advantage comes through sharing of not only manpower, but also financial resources and expertise unavailable to any individual county.

The Human Resource Development Center (HRDC) previously referred to is an Office of Economic Opportunity demonstration grant project which serves as the administrative center for a hundred or more other projects in Maryland. It serves as a resource for several counties with its primary purpose to "develop the poor". This is a very comprehensive program intended to provide a wide constellation of services to poor people in rural settings. It recognizes the multiple problems of people by providing such services as legal assistance (a volunteer corps of lawyers), financial aid (a variety of programs), a thrift shop for used clothes and furniture (manned by senior citizens), family counseling, emergency transportation services (the "Minute Drivers"), general information and referral services, plus other services to serve the variety of needs. The overall program includes a core staff, a volunteer staff, and resource representatives. The Maryland Division of Vocational Rehabilitation serves as a resource representative, as does the State Department of Employment Security, the Family and Children's Society, and others.

Another project illustrative of manpower and resource sharing is a cooperative program between the South Carolina Advisory Committee for technical training and the South Carolina Vocational Rehabilitation Department. It is under a cooperative program contract from the Department of Labor from the Economic Opportunity Act and the Manpower Development and Training Act. This program is known as the Concentrated Employment Program or CEP. Each rehabilitation counselor in the program participates as a part-time team member of Employability

Teams, and assists in the initial screening of applicants to CEP and the development of an employability plan. Much of the counselors' time is spent in the field making appointments, explaining the program to physicians, procuring treatment statements and bills, and locating vendors. Vocational Rehabilitation provides the services necessary to make the enrollee capable of undergoing training or placement into employment.

Another project, the Pittsburg Vocational Rehabilitation Project, Pittsburg, California, was concerned with a concerted agency approach to the vocational rehabilitation of the psycho-socially handicapped living in the public housing of a rural non-farm ghetto (RD-1553-G). This Concerted Services Project was to demonstrate what could be accomplished by marshalling and providing a wide range of health, education, welfare, and rehabilitation services through concerted federal, state, and local action. Some of the conclusions were that client training (not job development), that community organization (not case counseling), that institutional change (not individual conformity) are the goals to be sought. Empirical changes in outcomes occurred when certain approaches were tried after other, more traditional, efforts failed.

Relocation for Employment

Relocation of the unemployed and their families has been attempted many times with varying degrees of success. In most instances, however, the results have not been satisfactory. This perhaps emphasizes the fact that rehabilitation is as much the rehabilitation of a family as it is the rehabilitation of the breadwinner. There often is much reluctance to leave home and friends. Often rehabilitation services must essentially evolve around available work in the home area.

A project in Michigan, however, by capitalizing on work experience and by limiting the distance of relocation has attained good results. The closing of a mine in the depressed "Copper Country" area of the Upper Peninsula left 1,200 workers unemployed. Other mining companies within an 80-mile radius interviewed those workers seeking relocation. An appreciable number were rejected for medical reasons. The project provided services to these rejected applicants. Mississippi also conducted

a Labor Mobility Demonstration Project to explore some of the problems involved in the relocation of unemployed workers.

Extended and Expanded Services

The Wisconsin Division of Vocational Rehabilitation in cooperation with the University of Wisconsin Rehabilitation Research Institute initiated a program of extended and expanded services known as the Wood County Project (RD-1629).

The purpose of the roject was to initiate a model community rehabilitation program involving five years of expanded rehabilitation resources; i.e., increased case service budget and expanded eligibility criteria. The main objective was to assess the potential benefits of vertical and horizontal caseload expansion of rehabilitation clients, intra-agency processes, and the local community. The client characteristics were organized in three sets of variables: demographic, vocational, and ability.

This study revealed that services can be extended vertically and horizontally without reducing caseload feasibility or client satisfaction. The culturally disadvantaged were more feasible for services and scored higher on the Rehabilitation Gain Scale than did the medically handicapped. The experimental agency did not lose effectiveness in expanding to serve a much larger client group, including more of the medicall, disabled as well as the culturally handicapped. More intensive services were provided in less time, with no increase in cost per client. This was accomplished without introducing new methods or especially prepared personnel. A community involvement study indicated that people responded positively to the expanded agency.

The underlying thesis of the project, that traditional techniques of State rehabilitation agencies can be effectively applied to a much broader range of unemployed and underemployed people, was found to be valid.

Rehabilitation Needs and Resources

The Bureau of School Service, University of Kentucky, studied the vocational rehabilitation needs and resources in Eastern Kentucky for

the Kentucky Bureau of Rehabilitation Services. The basic purposes of the study were as follow:

I. To identify and describe the vocational rehabilitation needs of the rural Appalachian area of Eastern Kentucky

II. To identify the resources available for meeting these needs.

III. To bring together this information in a form so organized that it might provide the basis for an appraisal of the adequacy of existing programs and for planning to make these programs more effective.

In essence, this study revealed that a large number of potential rehabilitation clients were not being located or served by present case-finding methods, that the area was lacking in both rehabilitation facilities and professional personnel, and that those counties in which a rehabilitation office was located fared much better with regard to the number and percentage of eligible persons served. The need for more funding to serve this population was emphasized.

Interpersonal Relationships in Rehabilitation

The University of Utah, Regional Rehabilitation Research Institute completed a five year project (RD-1437-G) which studied the character and quality of interpersonal relationships among the counselor, rural client, and his family in the vocational rehabilitation process. Because of the unique limitations imposed upon the rehabilitation process by the rural setting it was felt that interpersonal relationships become even more crucial. One important factor, often relating to motivation for rehabilitation, was found to be the counselor's availability for interaction. When compared to urban clients, the rural clients waited twice as long from application to acceptance. The report recommended consideration of the use of rehabilitation aides because the miles a counselor must travel to meet a client directly affect how often a client and his family are seen. Aides have been found to increase the positiveness in the realtionship as well as extend the influence of the counselor. Clients also appear more satisfied with the counseling relationship when there is perceived similarity of attitudes and of socio-economic values.

Regarding employment, the counselors in the project felt that slightly less than half the clients would be able to remain in the rural area. This same feeling was expressed by approximately half of the clients. It was, also, found that client-counselor interpersonal relationships appeared to be more important in determining the outcome of rehabilitation than did the severity of the client's disability.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS FOR STAFF TRAINING

This report has been concerned with various aspects of rehabilitation of the rural disabled disadvantaged. It is concerned with things we already know (but perhaps have done little about), and with things which might not be so well known. It relates studies of various kinds to rehabilitation, suggests new patterns of service, and new working relationships. It involves facts, philosophies, ideas, and challenges. Perhaps it might introduce other ideas and concepts to the rehabilitation reader, whether he is a counselor, supervisor, training officer, or administrator--and in turn, could result in an innovative project design which might prove of real value in serving the disabled disadvantaged in a rural setting.

The report discusses some of the major problems and considerations facing the rehabilitation counselor responsible for serving the rural population. For instance, it mentions such well known and obvious problems as lack of public transportation and distances, lack of medical personnel and facilities, lack of training opportunities and facilities, isolation, itinerant services, placement problems, inadequate evaluation, tools and facilities, attitudinal barriers, apparent or imagined conflict with other service programs, problems of caseload management, relocation considerations for client and family, migrant problems relationships to urban poverty, et cetera.

In addition, the report provides an overview of the characteristics of the rural disabled disadvantaged, and the characteristics of their communities. Knowledge of these is important if we are to develop ideas and guidelines for serving those persons in need.

Finally, the report discusses some techniques in the delivery of services to this population. These techniques, it is hoped, relate to the major problems and considerations facing the rehabilitation counselor serving the rural population.

During its deliberations, the prime study group discussed rural problems with several knowledgeable persons. The committee members also read a wide variety of books, journal articles, special reports, and conducted

a small study of its own. Since time limitations and other considerations prevent a complete reporting and analysis of all these materials and discussions, this summary will attempt to fill in some of the gaps. The annotated bibliography should, also, help the selective reader toward a deeper understanding of specific problems and aspects of rural life as it relates to rehabilitation.

Rehabilitation counselors have been serving the rural disabled disadvantaged for many years. It was not long ago when most counselors were "field counselors" --usually serving hundreds of clients, and assigned to large territories (often several counties). The trend toward urbanization was not as pronounced--nor were the trends toward specialization and cooperative programming in special units and facilities. The rehabilitation counselor functioned (and many still do) somewhat similarly to the old-time itinerant preacher as to his scheduling. Sometimes the counselor's car would literally serve as his office; sometimes he would have a desk available at the State employment office in one community and at the local welfare office in another. This situation exists today in some places as evidenced by a special report from the President's Committee on Employment of the Handicapped by Bernard Posner entitled, "In a Small Southern Town." This report describes the rehabilitation counselor's job as being itinerant in nature, whereby the counselor spends one day each month in this small town. When there, the counselor visits the welfare department, the public health service, and the employment office, in addition to meeting with clients.

Most rehabilitation counselors would agree that success with clients would be related to and probably in proportion to the frequency and intensity of contact with them. Most rehabilitation counselors and administrators also would agree that the manpower needs in rehabilitation services have never been adequately filled by professionally trained counselors. Because of these manpower needs and the itinerant aspects of serving the population much of the interest in the employment of support personnel has developed. A rehabilitation aide, indigenous to the population served, might function as a vital link between the rehabilitation agency and the community. Such use of local persons could prove less threatening to the development of acceptance and rapport, thus reducing estrangement between the agency and the disadvantaged client. Utilization of such non-professional rehabilitation

workers in the rural community might, also, provide for a continuity of services not possible with an itinerant, part-time counselor assignment approach. It might be possible through such employment of the indigenous non-professional, to make the itinerant counselor's itinerary much more productive. One State vocational rehabilitation agency has initiated a rehabilitation aid program by using resident housewives in several communities throughout the State on a part-time basis. By the time the counselor's itinerary brought him to the community, much work (program interpretations and some evaluation reports) had been completed and definitive planning could take place immediately. The employment of aides not only expedited services, but increased the positiveness in the agency-client relationship and extended the influence of the counselor. Edgar May, in his book, "The Wasted Americans" states that a large percentage of a social worker's time is spent on desk bound paper work. He calls this a conservative rule of thumb appraisal. He also states that any worker with 100 or more cases may average less than one day of personal contact per family per year and that the combined irritation of paper work, low salaries, and high caseloads acts like sand in the machinery of public welfare. If true, such observations could be equally applicable to vocational rehabilitation agencies where many counselors have caseloads far in excess of 100 (some have 300-400), and where travel takes far too much time that could be used more productively. It is suggested that the non-professional indigenous worker could be used advantageously to help alleviate these problems.

Relocation of clients and families has been suggested from time to time as a major rehabilitation service (moving the client and his family to where the facilities, services and jobs are). When considered to be a simple solution, relocation has yielded disappointing results; however, when considered for a particular client on an individual basis, the effect can be quite positive.

Michael Harrington (1962) referred to a study in Kentucky which indicated that 85 per cent of the youth from the area studied would have to leave home or else accept a life of grinding poverty. He then added, "A place without the young is a place without hope, without future." Other writers suggest the necessity for rural youth to leave home for their livelihood, also. It has been suggested, for instance, that only a very small percentage of youths now living on farms can be

expected to remain as farmers. Gleason (1968) states, "About the only alternative open to most disadvantaged rural youths has been to move to town."

Jansen (et al) of the Regional Rehabilitation Research Institute, University of Utah, state that many clients and their families consider relocation and so do the counselors. McPhee, a colleague of Jansen's, states that migration from the rural areas is continuing, and further suggests that rural poverty be given priority over urban poverty since this migration is partly the cause of our urban poverty. Leon Meenach, in a report on vocational rehabilitation needs and resources in a depressed area of Appalachia, states that there is a very little, if any, indication of stopping the exodus of the young generation to greener pastures outside the area. Those left behind are the ill, the aged, the uneducated, and the very young.

Pearson (1968) questions relocation as an instrument of need satisfaction. He states, in the book, "Counseling the Disadvantaged Youth," edited by Amos and Grambs, that some people in Appalachia loathe to leave their barren hills and relocate in an area where opportunities might be. "The hills, as hopeless as they are, are at least filled with others who think the way I do and treat me with some degree of respect. Why should I go where I will be an outsider?" It should be noted that if relocation is to be a part of the rehabilitation plan, the counselor must necessarily provide and/or arrange for more supporting rehabilitation services than he might think appropriate for those persons and families for which relocation is not a factor.

Gleason (1968) thinks that rural youth can best be helped through a comprehensive attack on the problems and the needs of the areas in which they live. He goes on to suggest that should relocation from a farm to a metropolis be considered, utilization of a small town as a half-way station toward preparing the disadvantaged rural youth might be advisable. This, he states, could be part of a middle size or small city project concentrated on the transition problems of rural and small town youths. The best means of giving opportunity to many a metropolitan slum youth would have been to help him avoid becoming one. Such a project, he adds, might concern itself with on-the-job training and the disciplines of employment. Gleason then relates some of the problems of the rural disadvantaged to work habits and the changing world of

work. He says that the "Social crudities that are acceptable in a logging camp, mine, fishery, factory, or farm, and which might be the norm in an inter-city slum are not tolerated in service work that demands cleanliness, neatness, courtesy, articulate speech, and other social sensitivity and skills." He further states that during the mid-sixties and since there have been roughly two and one-half job placements in non-production establishments for each placement in a goods production establishment. To these problems we might add McPhee's comment that more than three million rural adults are classified as illiterates.

Comprehensiveness and thoroughness of evaluation have always been the keystones to effective rehabilitation. Vocational rehabilitation agency applicants and clients are evaluated in at least six major areas of concern: medical, psychological, social, educational, economic, and vocational. From what has already been stated, it becomes obvious that rural disabled disadvantaged also become a problem to the rehabilitation counselor in regard to securing competent and thorough evaluations. Most professional people and most rehabilitation or rehabilitation related services and facilities are located in urban areas.

Even when rural clients are provided vocational rehabilitation services in the existing facilities, problems arise, chiefly because all rehabilitation services must evolve essentially around work back home. We can evaluate and train a client for shoe repair, but will there be an opportunity for him to succeed in this endeavor back home in the small town or on the farm? It is possible that many vocational plans are devised because of training available to vocational rehabilitation and are not based on opportunities at home or on sound plans for relocation.

When discussing evaluation, the use and misuse of psychological testing in working with the disadvantaged is a frequent topic. Many psychologists and many rehabilitation counselors believe that psychological tests in use today seem to discriminate against the culturally disadvantaged. There is evidence to indicate that poor people do relatively poorly on tests of verbal concepts and skills. There is evidence to suggest that "timed" tests are inappropriate with certain segments of the population. Work itself may be slower and more methodical in a small town or on the farm than in faster paced

requirements of the urban setting. Bennetta B. Washington (1968), of the U. S. Office of Economic Opportunity states: "While surveys and testing program results are often interesting, and may be very helpful to the counselor, they often refer to a general population or are based on tests not yet completely validated for use with....people who have grown up outside the main stream of American life." Wilson (Kent State University) in "Rehabilitating the Culturally Disadvantaged" tells us that tests do not measure all the relevant behaviors. He says, "You don't need racial discrimination anymore, all you need to do is give them tests." It is not surprising then that Amos and Grambs believe that test dependence is a critical dimension of counselor behavior, which in light of some of the comments, needs serious re-examination.

Passow and Elliot (Developing Programs for the Educationally Disadvantaged), in summarizing the disadvantaged group and their characteristics, describe their mode of expression as being more material and concrete as opposed to conceptual and idea-symbol focused. Perhaps Gleason is supporting this when he says that culturally deprived youth usually relate more effectively to things than to people or data. It might be that these comments would have significance with regard to vocational evaluation in the rehabilitation process. This might suggest more effective use of workshops and more job try-outs and on-the-job training. It might suggest more emphasis on reality testing as opposed to the highly verbalized emphasis seen in many of the usual psychological evaluations.

Should new and additional emphasis be given to job try-outs, on-the-job training, and reality testing, several suggestions can be found in the literature. It is ironic that there are unmet needs for skilled workers in some of the very areas that are losing most of their more active and promising youths to the city. Gleason states that it is characteristic of programs of on-the-job training that individual arrangements with prospective employers have a wide variety of job goals, each for only one or a few persons. Some projects and training programs specifically designed to accommodate the rural population and its needs might be farm maintenance work, tractor operating and repairing, pruning, nursery work, live-stock maintenance, feeding, medication and other aspects of animal care, meat processing, park service, and maintenance for jobs in state and national parks, masonary and other construction, machine maintenance, road building and repair, planting seedlings, building trails and shelters, and other conservation and

recreation types of employment. The emphasis now being given to ecological concerns for the future most certainly relate to the importance for balance between the rural and urban areas of the country.

Harrington (1962), in quoting an authority on the Tennessee Valley, said, "There is developing .... an association between low income farming and low income industry. Poverty, it would seem, can be quite useful if it is properly manipulated and exploited. The industry that comes to these places is not concerned with morale or social uplift. It rather seeks out rural poverty because it provides a docile, cheap labor market." Perhaps Gleason was thinking of rural job development when he stated that, "The prevention of the tragedies of Watts is far better and may be easier than the cure .... So thank the sponsors and supporters of certain projects that in one way or another undertake to make rural life more tolerable and practicable and even more attractive for youth than the move to the city."

Miller (1964) utilizes statistics gained from the U. S. Census to provide us with information which might be of value in providing rehabilitation services to the rural disabled disadvantaged. In addition to the Census Bureau, we might also find new and additional rehabilitation team members from other agencies and organizations which are interested in problems concerned with the effective adjustment of people in a rural setting.

According to Miller, four wives out of every ten did some work in 1959. These were not the poorer wives in the lowest economic groups. The higher the family income, the greater the likelihood of the wife being employed. A large proportion of women work only part of the year, or they have a part-time job. Their income is a supplemental income to the family. Miller further states that most married women who work do not have children living with them. He adds that a large proportion of working mothers have part-time jobs or intermittent employment.

and a good many of them are at home when the children return from school. These statements might give us reason in vocational rehabilitation to provide more services to the family as a unit. It would perhaps suggest a demonstration project concerned with the provision of services to a non-disabled member of a family, as well as to the disabled person, so that the overall standard of living might be raised enough to lift the family from the disadvantaged classification. It might emphasize rehabilitation as a family matter. It would appear that perhaps Miller's statistics might indicate a real trend in family income patterns which preclude the concept of a lone breadwinner.

Other writers tell us of the importance of inter-disciplinary and inter-agency relationships and go beyond the traditional written cooperative agreements which state, in effect, what each agency or discipline will do. Craddick, in an article entitled "The Role of Ideologies in Inter-Agency Cooperation," focuses on the idea that through shared ideological concepts, inter-agency cooperation has been achieved in designing and carrying out programs of rehabilitation. Preparation of joint ideological concepts might improve some of the cooperative written agreements between agencies. Nixon, in a Northeastern University monograph ("Research Utilization Conference on Rehabilitation in Poverty Settings"), says that it is obvious that a much greater degree of linkage with other agencies and programs is now required. Goldin, in the same publication, indicates that communication among the various professional disciplines relative to coping with the problems of poverty and disadvantagement has, for the most part, been poor or non-existant.

Another consideration reviewed by this study group is related to the problems of the migrant worker. According to the Baltimore Area Health and Welfare Council, many persons suffer from the disorganizing impact of mobility, transiency, and minority group status. This would be particularly true of the migrant worker. It is obvious that such mobility as is required of a migrant farm laborer would afford no continuity of counselor relationship. There has been some evidence in rehabilitation to show that continuity of counseling relationships is a major factor in successful vocational rehabilitation. In fact, it has been observed that rehabilitation clients appear to have greater chance for success when one rehabilitation counselor is involved. Studies have indicated that counselor turnover, or the involvement of several

counselors with an individual client, might be one of the basic reasons for the lack of success in many rehabilitation plans. (It might be noted here that the White House Conference on Food, Nutrition, and Health has recommended the elimination of farm migrancy as a way of life.)

In essence, this report has identified characteristics of the rural populations and rural settings. It has identified some special projects and programs as well as problems in the delivery of services. It has offered suggestions for consideration and modification and has discussed various implications for rehabilitation programming.

The Institute on Rehabilitation Services Prime Study Group feels that this report has many implications for staff training which could ultimately result in more and better services to the rural disabled disadvantaged. Since many of the report's references relate to program philosophies, to a variety of projects, and to administrative concerns, it has implications for supervisors, training officers, and administrators as well.

The report provides the counselor and other readers with a variety of references to the problems inherent in the rural setting. In addition to problems, the report offers possible considerations for their solution. Thus, references are made to techniques in the delivery of rehabilitation services and to reviews of selected projects and studies.

This report should instill in the counselor a recognition that adequate services to the rural disabled disadvantaged are not hopeless -- and that much innovation has been accomplished. It emphasizes the fact that many of the problems related to the delivery of services have been recognized -- and further indicates the importance for the counselor to know the characteristics of his clients, their problems, and the resources he has available or may develop. The report should provide the counselor the opportunity to compare his problems with problems found throughout the country and to his supervisors those innovations which might promote more efficient and effective services in his area. It is, also, hoped that this report will stimulate the thinking of the counselors and program planners toward adaptation of some of the ideas presented in even more innovative ways.

Some agencies might consider the development of an in-service

training workshop for their counselors assigned to rural settings, using this publication as a program resource. Such a training program should develop more counselor and agency recognition and understanding of rural problems and result in the adaptation of some of the report's suggestions and modification of other suggestions.

APPENDIX A

COMMITTEE ON VOCATIONAL REHABILITATION OF THE DISABLED DISADVANTAGED IN A RURAL SETTING

VIRGINIA COMMONWEALTH UNIVERSITY - SPONSOR

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APPENDIX B

INSTITUTE ON REHABILITATION SERVICES SURVEY
1969-70 - The Rural Disabled Disadvantaged

GENERAL INSTRUCTIONS: As part of a national rehabilitation study section, a survey is being made of 10 selected states to represent each of the 10 proposed HEW regions to identify relevant and special problems of providing effective rehabilitation services to the rural disadvantaged disabled client.

The following questionnaire should take approximately 30-45 minutes. In answering the questions, address yourself to rural clients as opposed to clients living in metropolitan areas or in cities over 50,000 population.

PART I. BACKGROUND DATA

1. Is your position that of a supervisor or counselor?_____
2. What is the approximate geographical size of your service area in square miles?_____
3. What is the approximate population of that area?_____
4. About what per cent of that population is non-white?_____
5. How many cities in your area have populations over 50,000?_____
6. What is the size of the largest town in your area?_____
7. How many rehab counselors serve the same area?_____
   If the other counselors have special assignments other than general caseload, please list.

   _____

   _____
8. In your area, what is the average caseload?_____
9. How many of these would be active (in-plan)?
   A. Status 04-06_____
   B. Status 10-24_____
10. In your own opinion, what constitutes a rural disadvantaged disabled client?

    _____

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PART II. PROBLEMS IN PROVISION OF SERVICES. Indicate the extent of your agreement from SD(strongly disagree), D (disagree), to N (neutral, to A (agree), and SA (strongly agree).

1. Eligible clients are generally aware of our services.	SD D N A SA
2. Other agencies (e.g., welfare, schools, etc.) generally make appropriate referrals.	SD D N A SA
3. Suitable arrangements for meeting with clients can generally be arranged.	SD D N A SA
4. Clients who fail to show at referrals are generally followed up in person by either me or the referring agencies.	SD D N A SA
5. Routine medical examination can be arranged without excessive delay.	SD D N A SA
6. Special medical, psychological, or other diagnostic services are generally available.	SD D N A SA
7. Routine medical treatment can generally be obtained without undue difficulty.	SD D N A SA
8. Special medical, psychological, or other related treatments are generally available.	SD D N A SA
9. Educational facilities are generally available and adequate.	SD D N A SA
10. On-the-job resources are available and adequate for most clients.	SD D N A SA
11. Training facilities (trade schools, etc.) are available and adequate for most clients.	SD D N A SA
12. Relocation is a necessity for roughly half of the clients if they are to secure employment.	SD D N A SA
13. Employment opportunities are available in the area for highly qualified clients.	SD D N A SA
14. Employment opportunities also exist in the area for the marginally qualified but motivated client.	SD D N A SA
15. It is just as easy to establish a meaningful counseling relationship with the rural disadvantaged disabled.	SD D N A SA
16. The values, attitudes, and aspirations of these clients are not significantly different from middle-class America.	SD D N A SA
17. A counselor needs to actively plan and direct rehab services and even "push" for the rural disadvantaged disabled client.	SD D N A SA

18. It is generally possible to maintain a working rehab relationship in spite of infrequent personal contacts. SD D N A SA

19. It is especially important to work with the client's family concerning rehab goals. SD D N A SA

PART III. Rank order the following barriers from 1 to 8 with "1" representing the most significant, pervasive barrier to effective client services.

_____(a) client's lack of financial resources
_____(b) the nature of the client's motivation
_____(c) client's health-related problems, including mental retardation
_____(d) Client's educational and vocational deficiencies
_____(e) inadequate economic opportunities in the community
_____(f) lack of counseling "know-how" to work effectively with this particular group
_____(g) unavailability of needed medical, psychological, educational, and vocational facilities
_____(h) inadequate public transportation

List other barriers that you believe are more significant than the ones above.

_____
_____
_____

PART IV. Please list any special technique that you have used with "Success" with this group and that you would recommend for others to consider.

Public Information and Referral Service (referral agreements with welfare, schools, hospitals, insurance companies, radio or newspaper ads, talks to organizations, etc.)

_____
_____
_____

Diagnostic Service (mobile diagnostic evaluation unit, arrangement with rehab centers outside of my area, fast eligibility determinations, etc.)

_____
_____
_____

Continuing Counseling Service (employment of aides and paraprofessionals, use of telephone answering service in a community, maintenance of rehab office space within another agency or business).

_____

_____

_____

Counseling Techniques (use of confrontation, role playing, group therapy, use of successful rehabilitants as counselors or "buddies", etc.).

_____

_____

_____

Employment (use of self-employment, relocation assistance, participation in Economic Development Councils, job placement efforts).

_____

_____

_____

Follow-up Services (frequency, duration, individuals who assist).

_____

_____

_____

PART V. If you know of any outstanding programs, papers, reports, individuals, etc. that can be of assistance to us in making recommendations for improving rehab services for the rural disadvantaged disabled, please list below. If possible, give addresses.

PART VI. Comments:

PART VII. PERSONAL INFORMATION

Name: _____
Last First Middle

Years of Vocational Rehabilitation or related experience _____

Agency: _____

Address: _____

_____
City State Zip

APPENDIX C

RESEARCH AND DEMONSTRATION GRANTS FOR RURAL DISABLED[1]

RD-10(55-4).THE NORTHERN NEW YORK RURAL REHABILITATION SURVEY. Saranac Lake Rehabilitation Guild, 5 Franklin Ave., Saranac Lake, NY 12983; William F. Stearns.

To determine how best to provide adequate rehabilitation services to disabled persons in rural areas through a comprehensive survey of their needs in a selected area.

RD-33(55-I). MIGRANT LABOR HEALTH PROJECT: LOWER SNAKE RIVER VALLEY - IDAHO AND OREGON. Idaho State Dept. of Health, P. O. Box 650, Boise, ID 83701; L. J. Peterson.

To survey a group of migrant workers to determine the extent of physical disability and the accompanying need for vocational rehabilitation.

RD-129(57-5). A REGIONAL PROGRAM OF SERVICES FOR THE HANDICAPPED. Cincinnati Goodwill Industries Rehabilitation Center, Court and Plum Sts., Cincinnati, OH 45202; Homer C. Hallett.

To demonstrate the effectiveness and possible economics of using a mobile team operating from an urban rehabilitation center by providing specialized consultation for the disabled receiving services in outlying areas.

RD-301 (58-3). A DEMONSTRATION OF METHODS OF PROVIDING COMPREHENSIVE REHABILITATION SERVICES TO RESIDENTS OF RURAL AREAS. Saranac Lake rehabilitation Guild, 5 Franklin Ave., Saranac Lake, NY 12983; William F. Stearns.

To demonstrate and evaluate methods of providing comprehensive rehabilitation services to disabled persons in rural areas by utilizing more effectively existing hospital, medical, and related resources.

RD-367(59-3). MAINE DEMONSTRATION PROJECT: RURAL REHABILITATION. Pine Tree Society for Crippled Children and Adults,

616 High St., Bath, ME 04530; J. Richard Arnzen.

To demonstrate the feasibility and economic practicability of providing comprehensive vocational rehabilitation services for severely disabled persons living in rural communities.

RD-775-G(61-3). MOBILE REHABILITATION EVALUATION TEAM. State Vocational Rehabilitation Division, State Capitol Station, Oklahoma City, OK 73105; James A. West.

To demonstrate the effectiveness of a specialized mobile rehabilitation team in providing comprehensive evaluations of severely physically disabled or emotionally disturbed clients at the community level where such services have not previously been available.

RD-1034-G(62-3). ORGANIZATION AND COORDINATION OF REHABILITATION RESOURCES IN A RURAL STATE. Hyde Rehabilitation Center, 616 High St., Bath, ME 04530; J. R. Amzen.

To demonstrate methods of coordinating medical and rehabilitation resources in a community to provide comprehensive vocational rehabilitation services to disabled persons in a predominantly rural State.

RD-1259-G(64-3). VOCATIONAL REHABILITATION IN A RURAL COMMUNITY. Achievement House, P. O. Box 53, San Luis Obispo, CA 93402; Tom G. Rathbone.

To demonstrate the effectiveness of a vocationally oriented workshop in meeting the training needs of severely disabled persons in a rural community.

RD-1558-G(65-3). A DEMONSTRATION OF SPECIAL TECHNIQUES OF JOB PLACEMENT OF WORKSHOP CLIENTS IN A RURAL AREA. Austin Achievement Corp., 2201 N.W. Fourth St., Austin, MN 55912; Mrs. Laura Zemlin.

To demonstrate special techniques of job placement of workshop clients in a rural area.

RD-2961-G (69-1). HOMEMAKING REHABILITATION PROGRAM FOR PHYSICALLY LIMITED INDIVIDUALS.

The production of a color-sound film to demonstrate at the community level the benefits of providing rehabilitation services for physically limited homemakers. The film is built around a mobile coach featuring examples of special adaptations of homemaker work space and equipment.

[1] Jackson, Dorothy G. (ed.) Research 1970: An annotated list of research and demonstration grants, 1955-1969. Research Utilization Branch, Division of Research and Demonstration Grants, SRS, HEW, 1970

APPENDIX D

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APPENDIX E

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